

Good afternoon, Mr. Chairman and members of the committee.

I am Donna Schnepp, MHA, RHIA, President of ILHIMA, and I am Sandra Joe, MJ, RHIA, President elect of ILHIMA and I am Deshawna Hill-Burn, Past President of ILHIMA.

We would like to thank you for the opportunity to testify before you and for your leadership on promoting and securing health information technology in the State of Illinois.

The American Health Information Management Association (AHIMA) has state association memberships in all 50 states, including the District of Columbia and Puerto Rico. In the state of Illinois there are 3,720 active members and as a member of the Board and speaking on behalf our state association members, the Illinois Health Information Management Association (ILHIMA) appreciates this opportunity to present and provide testimony regarding a consistent approach to securely matching patients across all health information exchanges with their medical records, which is essential to obtain benefits of health information technology, and by gaining patient safety and privacy while reducing costs.

We feel our membership is uniquely qualified to assist in the implementation of this initiative. Within each hospital, we are responsible for the integrity of the Master Patient Index which houses each patient's demographic information including his/her identifier. In addition, we actively monitor the quality and quantity of documentation within the Electronic Health Record. We are the primary Privacy Officers in Healthcare and are, therefore, the custodian of the personal health information housed with the EHR. Within each health care facility we strive to assure all patient records from birth and forward, the records are contained within one file and can be located with one patient identifier.

As you are aware in 1996, the Health Information Portability and Accountability Act (HIPAA) mandated a *unique individual identifier* for healthcare purposes.

Due to concerns about privacy, the 1999 Omnibus Appropriations Act prohibited the use of appropriated funds to adopt any final standard....until legislations is enacted specifically approving the "standard". The requirement has been carried forward in every Labor Health and Human Services Appropriations bill since then.



The lack of clear congressional intent on patient data —matching poses a huge obstruction to the adoption of health information exchange and thus endangers patient safety **while raising costs**.

Therefore, we urge you to join in requesting a Government Accountability Office (GAO) study of the cost and benefit practicality of implementing a consistent approach to matching patients with their data.

The GAO study should include the information on and analysis of the following:

- Prevalence and costs of patient data mismatches nation wide including the cost of correcting these errors.
- Patient safety risks of not having national patient identify solutions.
- Benefits and implications of applying patient identity solutions in healthcare.
- Current and near-term available technologies and best practices for assuring patient data matching while enhancing patient information privacy and security.
- Cost/benefits and practicality of applying nation-wide patient identity solutions.

Mr. Chairman and members of the committee we thank you for your attention to this important matter.